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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None CCS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None CCS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>CCS</i> Examiner's Signature	Initials <i>CCS</i>				

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## TITLE

Verifying apparatus for accuracy of dental cast mounting

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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